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|---|--|--|---------------------------------|
| 1. CUSTOMER OFFICE SPEC RESEARCH DIV, ITAC FANK III, RM ASE32 FT GCM | | 2. INFORMATION REQUESTED DATE YEAR MONTH DAY 82 JUL 1 | |
| [REDACTED] SG1B | | 4. PROJECT NUMBER TGT 8205 | 5. SOURCE NUMBER SESSION 931 |
| 6. NUMBER REPORTS SUBMITTED FOR PROJECT INITIAL | | 7. REPORT IDENTIFICATION NUMBERS TAPE T-931 | |
| 8. REFERENCES A. REQUIREMENTS (CITE) (ICR/CIR/DIRM 3/DIRM 9) <input type="checkbox"/> B. INITIATIVE REPORT | | 9. REASON FOR EVALUATION (select one) <input type="checkbox"/> A. ICR RESPONSE <input checked="" type="checkbox"/> B. COLLECTORS REQUEST <input type="checkbox"/> C. SELECTED BY ANALYST | |
| 10. VALUE OF INFORMATION (select one) <input type="checkbox"/> A. OF MAJOR SIGNIFICANCE <input type="checkbox"/> B. OF VALUE <input checked="" type="checkbox"/> C. OF NO VALUE | | 11. TYPES OF PRODUCTS TO BENEFIT FROM USE OF REPORTED INFORMATION <input type="checkbox"/> A. BASIC INTELLIGENCE <input type="checkbox"/> B. CURRENT INTELLIGENCE <input type="checkbox"/> C. ESTIMATIVE INTELLIGENCE <input type="checkbox"/> D. S&T INTELLIGENCE | |
| 12. REASON INFORMATION IS OF NO VALUE (select one only) <input type="checkbox"/> A. TOO FRAGMENTARY <input type="checkbox"/> B. DUPLICATIVE <input type="checkbox"/> C. UNTIMELY <input checked="" type="checkbox"/> D. NOT RESPONSIVE TO TASKING CITED (IF MY ASSUMPTIONS ARE CORRECT AS THEY LIKELY ARE) | | 13. DEGREE OF REQUIREMENT SATISFACTION (select one only) <input type="checkbox"/> A. COMPLETELY SATISFIED <input type="checkbox"/> B. PARTIALLY SATISFIED <input checked="" type="checkbox"/> C. NOT SATISFIED AT ALL | |
| 14. NAME OF PRODUCT(S) SG1B [REDACTED] | | | |
| 16. REMARKS (Optional) FURTHER TASKING ON TGT IS UNLIKELY BUT POSSIBLE | | | |

~~SECRET~~

Approved For Release 2000/08/07 : CIA-RDP96-00788R000700350006-2

(remarks continued)

17. FOREIGN DISCLOSURE DATA

A. EVALUATORS RECOMMENDATION
(select one only)

- ☐ RELEASABLE EVALUATION NOT REQUESTED
☒ EVALUATION IS NOT RELEASABLE
☐ PARA(S) _____, ABOVE, IS/ARE
 RELEASABLE TO THE GOVT(S) OF _____

B. FOREIGN DISCLOSURE AUTHORITY DECISION
(select one only)

- ☒ EVALUATION IS NOT RELEASABLE
☐ NON-CAVEATED PORTIONS OF THIS EVAL, AS
 INDICATED, MAY BE REL TO THE AUTH REPS
 OF THE GOVT(S) OF _____
 AT THE DISCRETION OF THE ORIGINATOR.

18. EVALUATOR'S NAME

JOHN M. BRYANT, JR
MAJ, FA19. EVALUATOR'S OFFICE
SYMBOL

IAK-D-SR

20. SECURITY INSTRUCTIONS

(DOWNGRADING, DECLASSIFICATION,
AND SPECIAL MARKINGS)

21. DATE EVALUATED

| YEAR | MONTH | DAY |
|------|-------|-----|
| 82 | OCT | 22 |

22. ORIGINATOR OF REQUEST FOR INFORMATION

SAME AS IF

23. (Signature of evaluator)

John M Bryant Jr